

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045845

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11112

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED NOV 22 1963

### 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **ST. LOUIS MO**

Length of stay in 1b

**2 DAYS**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

**MO**

b. COUNTY

admission)

c. CITY  
OR TOWN

**ST. LOUIS**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

**FAITH HOSPITAL**

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

**6131 A COLUMBIA**

Reside on Farm  
Yes ☐ No ☒

### 3. NAME OF DECEASED

(Type or print)

First **BETTY**

Middle **JEAN**

Last **MYRICK**

### 4. DATE OF DEATH

Month

Day

Year

**11-10-63**

### 5. SEX

**FEMALE**

### 6. COLOR OR RACE

**WHITE**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

### 8. DATE OF BIRTH

**8-8-1924**

### 9. AGE (last birthday)

**39**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**ASSEMBLER**

10b. KIND OF BUSINESS OR INDUSTRY

**MICRO CONTROLS**

11. BIRTHPLACE (City and state or country)

**LITCHFIELD, ILL**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

### 13a. FATHER'S NAME

**R.L. BANDY**

### 13b. MOTHER'S MAIDEN NAME

**LENETTE BEVINS**

### 14. NAME OF HUSBAND OR WIFE

**JAMES MYRICK**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)

**NO**

### 17. INFORMANT

**JAMES MYRICK 6131 A COLUMBIA**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**metastatic carcinoma**

INTERVAL BETWEEN ONSET AND DEATH

**8 months**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Squamous Cell Ca Cervix**

DUE TO (c)

**171X**

**1 yr**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

**12/9/55**

to **11/10/63**

and last saw her alive on

**11/9/63**

Death occurred at

**3:15 AM**

on the date stated above, and to the best of my knowledge, from the causes stated.

### 22a. SIGNATURE

(Deceased or title)

**Rose A Bauer MD**

### 22b. ADDRESS

**Northland Med Bldg**

### 22c. DATE SIGNED

**11/11/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**REMOVAL**

23b. DATE

**11-13-63**

23c. NAME OF CEMETERY

**MEMORIAL PARK**

23d. LOCATION (City, town, or county)

**ST. LOUIS COUNTY MO**

### 24. FUNERAL DIRECTOR

ADDRESS

**HOWARD H. MICHEL 5930 SOUTHWEST**

25. DATE RECD. BY LOCAL REG.

**NOV 12 1963**

26. REGISTRAR'S SIGNATURE

**Road Smith M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*V E Morris*

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.